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|--|---|------------------------|------------|
| TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small> | | Application Number | 10/790,040 |
| | | Filing Date | 3/2/2004 |
| | | First Named Inventor | AO |
| | | Art Unit | 2862 |
| | | Examiner Name | AURORA |
| Total Number of Pages in This Submission | 8 | Attorney Docket Number | 01-561 |

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| ENCLOSURES (Check all that apply) | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): | |
| | | Remarks | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
|---|---------------------|-----------------|
| Firm Name | Post Law Group, PLC | |
| Signature | | |
| Printed name | Robert L. Scott, II | |
| Date | 8 August 2006 | Reg. No. 43,102 |

| CERTIFICATE OF TRANSMISSION/MAILING | | |
|--|--|------|
| <p>I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.</p> | | |
| Signature | | |
| Typed or printed name | | Date |

| | | | |
|---|--|----------------------------|------------|
|  <p>AUG 8 2006 U.S. PATENT & TRADEMARK OFFICE</p> <h1>FEE TRANSMISSION</h1> | | Application Number | 10/790,040 |
| | | Filing Date | 3/2/2004 |
| | | First Named Inventor | AO |
| | | Examiner Name | AURORA |
| <input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27 | | Art Unit | 2862 |
| TOTAL AMOUNT OF PAYMENT (\$ 450) | | Attorney Docket No. 01-561 | |

METHOD OF PAYMENT (check all that apply)

- Check None Other (please identify): _____
- Deposit Account Deposit Account Number: 50-1147 Deposit Account Name: Posz Law Group, PLC
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- Charge fee(s) indicated below
- Charge any additional fee(s) or underpayments of fee(s)
under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|----------------|
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | \$ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 160 | 80 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES
Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|---------------------------|----------|---------------|
| - 20 or HP = | x | = | | | | |

HP = highest number of total claims paid for, if greater than 20

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | |
|---------------|--------------|----------|---------------|--|--|
| - 3 or HP = | x | = | | | |

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ (\$ for small entity)
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = | / 50 = | (round up to a whole number) x | = | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Extension of time for reply within second month

450

SUBMITTED BY

| | | | | | |
|-------------------|---|--------------------------------------|--------|-----------|----------------|
| Signature |  | Registration No. (Attorney/Agent) | 43,102 | Telephone | (703) 707-9110 |
| Name (Print/Type) | Robert L Scott, II | | | Date | 8 August 2006 |